ABUSE OF THE ELDERLY

RECOMMENDATIONS

TO THE

MINISTER RESPONSIBLE FOR SENIORS

Saskatchewan
Senior Citizens'
Provincial Council
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Senior Citizens' Provincial Council
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by the Senior Citizens' Provincial Council

INTRODUCTION

It seems that we are regularly introduced to "new" concerns that demand the public's attention. Family violence (child abuse, spousal abuse and elder abuse) is one of those issues. It is a very sensitive issue. People want to be seen as good, decent and caring. They deny that their life is anything but peaceful. However, families are not immune to violence. During the past number of years there has been more reports of child abuse and spousal abuse. Unfortunately, we must also add abused seniors to the victims of family violence and conflict.

If society refuses to admit that family violence exists and fails to address the problems, it is very likely that they will become even more common in the future.

We, the members of the Senior Citizens' Provincial Council, have identified elder abuse as one of our priorities. A review of the current literature research has been undertaken and two committees have been formed - Information/Education and Legislation - to examine the issues. We believe that the first steps must be public awareness and education. In this regard, we are working very closely with the Seniors' Secretariat.

This report will examine the mistreatment or abuse of the elderly - an issue which has only recently begun to receive attention. It will explore some of the options, in terms of prevention (awareness and education) and intervention (identification/resources/legislation). We hope that this report will increase public awareness, urge appropriate action and help prevent further instances of elder abuse.

BACKGROUND

Older adults are among the most vulnerable members of society and are often unable to protect themselves. They are more easily isolated and hidden from public view. They remain silent due to fear of reprisals, lack of financial security, institutionalization or to avoid embarrassment. The latter is particularly true in smaller communities, of which Saskatchewan has many.

Most elder abuse occurs in the victim's home or community. However, it also occurs in institutions, in forms such as administration of inappropriate medication, aggressive therapy, lack of training for staff to meet the needs of the patients/residents, verbal abuse and/or physical abuse.

Elder abuse threatens to become an even greater problem when one considers the demographic, social and economic context. An aging population, poor economy and emphasis on de-institutionalization creates the potential for increased incidence of abuse. The Saskatchewan population is growing older. Seniors represented 1.7 per cent of the population in 1911 and are currently about 13.8 per cent of the population. Statistics indicate that this trend will continue. The proportion of seniors in Saskatchewan is projected to increase to 15.6 per cent of the population by 2011 and to possibly 24.5 per cent by 2036.

Most research agrees that elder abuse is most prevalent among females, over 75 years of age, in poor health and with a degree of mental and/or physical impairment. The abusers are generally a spouse, adult child or relative. In an institution, they are a staff member or co-resident.

TYPES OF ABUSE

It is widely agreed that elder abuse can be divided into four categories. These categories may occur in isolation or in combination of more than one type.

- **Financial (Material)**
  Exploitation through fraud, theft or misappropriation of money, possessions and property.
- **Emotional (Psychological)**
  Verbal abuse, threats which cause humiliation, intimidation and deprivation of rights.
- **Physical**
  Actions that result in bodily harm or discomfort.
- **Neglect (Active or Passive)**
  Intentionally or unintentionally ignoring the needs of a dependent elder for physical, social or emotional support or health care.

PREVALENCE

The National Survey on Abuse of the Elderly in Canada (The Ryerson Study) was conducted in 1989. It estimated that 4 per cent of Canada's seniors living in private dwellings (not institutions) have been abused, although many researchers suspect that the incidence is actually greater. Financial abuse predominated (2.5%), followed by emotional abuse (1.4%), physical violence (0.5%) and neglect (0.4%). Prevalence was highest in British Columbia (5.3%) and lowest in the Prairies (3.0%). Some American studies suggest that 95 per cent of reported cases involve repeat offenses.

Research in determining an accurate estimate is complicated by a number of factors:

- Under-reporting.
  - fear of reprisals
  - fear of early institutionalization
  - fear of lack of financial security
  - embarrassment (this is particularly true in smaller communities)
- Professionals are not trained to recognize the symptoms and therefore do not report instances of abuse and often do not know to whom to report.
- Lack of common definitions (e.g. some do not include neglect as a form of abuse).
- Lack of record-keeping.
- Limitations on legislation (law enforcement officials are unable to intervene).

CONTRIBUTING FACTORS

Understanding the causes of elder abuse is important when determining the appropriate interventions for the victims and/or the abuser. It is equally important when developing policies and programs targeted at preventing elder abuse. As with health care issues, we should stress prevention rather than solely curative measures. Some of the contributing factors to elder abuse are:

Home/Community

- Learned behaviour (history of family violence).
- Past conflicts which continue to affect the relationship, particularly when confronted with the responsibility of caring for an elderly person.
- Personal problems of the caregiver and/or elderly person (including mental disorders; alcohol and drug abuse).
- Lack of skills and knowledge for caregiving role.
- The more dependent the senior is on other people, the more susceptible they are to abuse.

- Stressed caregiver (multiple roles, financial problems, lack of respite care, caregiver has poor health, ignorance of aging process, overcrowded living conditions, et cetera).
- Lack of community supports.
- Lack of appreciation by the dependent senior for the care they are receiving.

Institutions

- Insufficient training among professionals.
- Insufficient staffing.
- Lack of staff support in situations where the elderly person is abusive.
- Some institutional settings do not offer privacy, adequate space and appropriate accommodation for residents.
- Imbalance of power and control between patient/resident and the caregiver.

ANALYSIS AND RECOMMENDATIONS

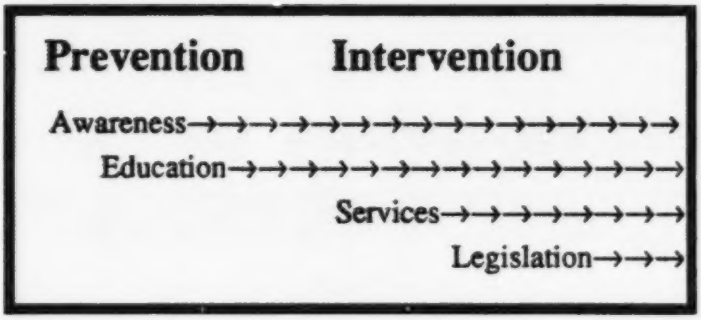
Elder abuse, as with child and spousal abuses, is a problem which has been around for a long time. However, elder abuse is only just being acknowledged. It is often met with denial - the same as occurred with both child and spousal abuse.

Elder abuse should be viewed in the context of family violence and conflict. After all, since 90 per cent of seniors in Canada live in private dwellings (the remaining 10 per cent live in institutions), we can assume that most instances of elder abuse involve family members.

Families need support. There are a number of trends which add pressure to family life, including:

- high divorce rate
- necessity for two-income families
- aging population
- demand for community care over institutional care

Families need information, education and services to deal with these increasing pressures. A theme which is constant in any discussion of family violence is the co-ordination of responses. We must bring together the players to share information, ideas, resources and avoid duplication of effort. What can be done to prevent elder abuse? What are effective interventions? We need to examine the resources available and whether legislation is appropriate. Efforts to curb family violence should be seen along a continuum beginning with awareness and recognition that the problem exists.



We must take the opportunity to learn from our experiences in dealing with child and spousal abuse. It is important that we act co-operatively, co-ordinate our efforts and build on existing services.

PREVENTION

Awareness

The first step in responding to elder abuse is increasing awareness of the problem among all members of society.

As with other forms of family violence, denial is very strong. Therefore, we must take a positive approach and stress peoples' rights and what they can do to help themselves. Judges, lawyers, law enforcement personnel, doctors, social workers, nurses, mental health workers, bankers, neighbours, the media, families, and seniors themselves have to understand the importance of enabling individuals to remain in control of their life.

Council Recommendations:

1. Establish a Provincial Co-ordinating Committee on Elder Abuse. This committee would include representation of the stakeholders (e.g. policy-makers, police, social workers, mental health workers, medical profession, legal profession, banking profession, seniors' organizations, individual seniors, et cetera) and the purpose would be to exchange information, avoid duplication of effort and to share resources (both financial and non-financial). It would provide an opportunity to understand the issue fully from every perspective and to have a co-ordinated approach to dealing with elder abuse at the outset.
2. Produce material (written, television, radio, video) stressing the positive (ie: what are seniors' rights, what can they do to prevent abusive situations, what resources are available to informal caregivers, et cetera).
3. Seek corporate support for promoting awareness of this issue.
4. Focus efforts initially on financial abuse. It is reported to be the most common type of abuse and it may be easier to approach than emotional or physical abuse or neglect.

Education

Education is a critical element of prevention. It provides the facts about elder abuse, helps to change attitudes and suggests ways to deal with abusive situations. For example:

- Informal caregivers need education in caregiving. They need to learn about the aging process, age-related diseases, available community resources and how to vent their frustration and anger other than through abusive treatment.

- Professionals need to be educated about the aging process and about elder abuse so that they recognize the symptoms and make informed decisions about interventions.
- Seniors need to be educated about their rights and responsibilities and about elder abuse as a form of family violence and conflict.
- Seniors' organizations need to learn about elder abuse so that they can, in turn, advise their members and consider ways in which they might make a contribution to the prevention of elder abuse (e.g. peer support groups).
- The general public must also be educated about elder abuse so they understand the aging process and are sensitive to the needs of seniors. Most people, at some time in their life, will be in a caregiving role. And everyone will be a senior someday.

Council Recommendations:

1. Educate the general public (including informal caregivers), seniors and, in particularly, hard-to-reach seniors. Illiteracy and language differences must be taken into consideration when providing education.
2. Encourage professional organizations to train/educate their membership about elder abuse.

The Seniors' Secretariat has taken the initiative and has distributed some information to professional organizations and seniors' organizations. However, it requires the efforts of everyone to become involved in understanding the issue.

INTERVENTION

Identification

Early identification leads to early intervention and could prevent further victimization. Accurate assessment is crucial in determining the appropriate intervention(s).

Professionals and others who interact with seniors on a regular basis (e.g. police, social workers, home care workers, medical personnel, clergy, et cetera), must be aware of the symptoms of elder abuse. Many professionals have some general knowledge of family violence from first-hand experience or from the media, but these are seldom able to prepare them for the tasks of identification and intervention that will be required. Training will be very important in acquiring the skills and abilities needed to function effectively.

Once identified, procedures must be developed for the management of cases of abuse. Programs for identification and intervention in abusive situations require that professionals from various disciplines work in close co-operation as a team.

Council Recommendations:

1. Encourage professional organizations to develop Protocols for identifying cases of abuse and for outlining procedures to be followed (e.g. Protocol developed by the Interhospital Domestic Violence Committee).
2. Encourage professionals to work together in a multidisciplinary approach to ensure accurate assessment and appropriate intervention.

Resources

Service delivery requires a realistic approach. New services are not necessarily required in response to elder abuse. In many instances the existing system can provide adequate services. We must learn to better utilize these services. This is especially important when one considers the fiscal situation. It is not possible to develop new resources specifically targeted towards elder abuse. This should not, however, be regarded as an impediment to providing help to the victims and the abusers. Regardless of the financial situation, making better use of existing services should be the priority.

An essential element is the co-ordination of community services. As previously mentioned, a multidisciplinary approach provides more accurate assessment and intervention. Professionals/service providers must take a broader perspective to intervention and work together and not in isolation.

In addition to formal services, there is also a need for informal supports, such as peer support groups. As well, people must assume some responsibility by keeping involved in their community, staying informed, et cetera.

Everyone has a responsibility in dealing with family violence and conflict. Government can not, and should not, be expected to address elder abuse single-handedly. The local community, voluntary organizations, professionals, seniors' groups and seniors themselves must all take an active role.

Council Recommendations:

1. Encourage individuals/communities to develop informal services, such as peer support groups.
2. Give consideration to a joint effort by government and community in experimenting with alternative types of constructive intervention, such as a mediation pilot project. There must be a heightened public awareness for this to be successful.
3. Counselling for families to assist them in resolving past anger as a result of a dysfunctional family (parent abusing child and now adult child abusing the elderly parent).

Legislation

Elder abuse implies frailty and thus suggests a demand for "protective services". However, this may not be the case. Seniors themselves are not a homogeneous group, nor are abused seniors. The abused senior may be quite independent but in need of information. Some laws may take away a person's right to make decisions for themselves.

Adult protection legislation is quite common in the United States but is less so in Canada. A number of issues have to be examined when considering legislation. Some of them are:

- Legislation might result in the infringement of the rights of individuals. Any intervention should be minimally restrictive and intrusive so as not to invade the individual's privacy.
- Legislation should not be paternalistic, as with child protection legislation, but should respect the adult's independence.
- Community support services must be in place to deal with abused elders, abusers and families.
- The relationship between adult protection legislation and guardianship legislation must be carefully examined.
- Should reporting of abuse cases be mandatory or voluntary? This question has resulted in much debate. There are arguments for and against mandatory reporting.

Legislation must be approached with caution. It is not a "quick fix" and should be considered as the last resort. Consideration should be given to whether legislation is required in Saskatchewan and, if so, it is important that we weigh and the pros and cons and have full knowledge of the impact such legislation could have on our seniors and others. We may be "behind" in the development of legislation compared to the United States and the Atlantic provinces, but this could be an advantage.

Council Recommendations:

1. Make a thorough examination of existing legislation in the United States and Canada, including federal and provincial/state laws and its impact.
2. Review all relevant Saskatchewan legislation (e.g. Mentally Disordered Persons Act, Dependent Adults Act and regulations for Special and Personal Care Homes).
3. Have the debate concerning mandatory versus voluntary reporting.
4. More severe penalties for perpetrators of commercial fraud and restitution for the victim.

CONCLUSION

Current statistics indicate that 4 per cent of Canada's senior population, living in private dwellings, are abused. We must consider the implications of this on an aging population, particularly when some researchers suggest this is a low estimate.

Information is necessary as a first step to raise the general awareness and recognition that this is a serious problem. Education is also important for seniors, professionals, service providers, informal caregivers and the general public. Elder abuse is not an issue solely for seniors. It must be the concern of everyone.

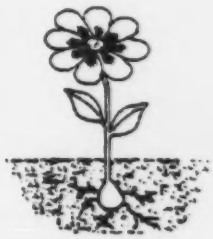
There has been some initial work done with respect to raising awareness. There is an increasing interest in elder abuse, and as public awareness is heightened, there will be pressure to do something about it.

We must have a thorough understanding of the issues in order that appropriate prevention and intervention strategies be developed. We must caution against acting too quickly in our zeal to protect our seniors. Haste could result in inappropriate programs or legislation. Re-directing scarce resources for services specifically targeted for elder abuse prevention and intervention may take away much-needed resources from other seniors' programs. Instead, it is important that we refocus and gather the key players together, co-ordinate our efforts and resources, learn from past experiences with family violence, review existing services and build on them.

VISION

The ultimate goal must be to ensure a quality life for seniors. We must all work toward this goal, including seniors. They need to understand their rights and how they can help themselves. Professionals must be trained to recognize the symptoms, make accurate assessments and suggest appropriate interventions. Families need to know what resources/services are available to them in their caregiving roles. And everyone should have a good appreciation of the aging process and what to expect.

We must plant the seed (information/awareness).
Let it take root (education).
See it grow (services).
Enjoy the blossom (happy seniors/families).



Artwork: L. Henderson

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